

**OFFICIAL****CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): WALTER A. MANRIQUE

Docket No.

POU9-2001-0003US1/1B2-0015

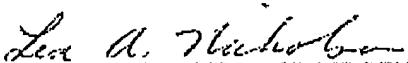
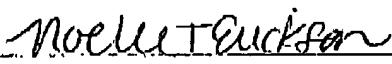
Serial No.  
09/942,351Filing Date  
8/29/2001Examiner  
FRANTZ COBYGroup Art Unit  
2171

Invention: METHOD AND SYSTEM FOR PERFORMING IN-LINE TEXT EXPANSION

**RECEIVED  
CENTRAL FAX CENTER****JUN 07 2004**I hereby certify that this Amendment  
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on June 7, 2004  
(Date)Noelle T. Erickson  
(Typed or Printed Name of Person Signing Certificate)

(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): WALTER A. MANRIQUE				Docket No. POU9-2001-0003US1/IB2-0015	
Serial No. 09/942,351	Filing Date 8/29/2001	Examiner FRANTZ COBY		Group Art Unit 2171	
Invention: METHOD AND SYSTEM FOR PERFORMING IN-LINE TEXT EXPANSION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	24 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					
\$0.00					
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0463</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 <i>Lea A. Nicholson</i> <small>Signature</small>			Dated: June 7, 2004		
<b>Lea A. Nicholson</b> Registration No. 48,346 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone: (860) 286-2929 Customer Service No. 23413			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the Director of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
 <i>Noelle T. Erickson</i> <small>Signature of Person Mailing Correspondence</small>			<b>Noelle T. Erickson</b> Type or Printed Name of Person Mailing Correspondence		
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: WALTER A. MANRIQUE )  
Serial No. 09/942,351 ) Group Art Unit: 2171  
Filed: August 29, 2001 ) Examiner: Frantz Coby  
For: METHOD AND SYSTEM FOR PERFORMING )  
IN-LINE TEXT EXPANSION )

OFFICIAL

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 8, 2004, Applicant requests reconsideration in view of the following amendment and remarks for entry in the above-identified application.

IB2-0015  
09/942,351

PAGE 3/9 \* RCVD AT 6/7/2004 12:37:37 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/1 \* DNIS:8729306 \* CSID:8602860115 \* DURATION (mm:ss):02:16